

October 26, 2004

David Martinez  
TWCC Medical Dispute Resolution  
MS-48  
7551 Metro Center Drive, Suite 100  
Austin, TX 78744-1609

Patient:  
TWCC #:  
MDR Tracking #: M2-05-0165-01  
IRO #: 5251

Ziroc has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Ziroc for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Ziroc has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor board certified and specialized in Orthopedic Surgery. The reviewer is on the TWCC Approved Doctor List (ADL). The Ziroc health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Ziroc for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### RECORDS REVIEWED

- Medical Records from Dr. E, M.D.
- Medical records form Dr. S, M.D. at Houston Neurological Associates
- Medical records from the Texas Pain Institute, specifically Dr. J, M.D.
- Medical records from Dr. N, M.D. from Texas Pain Institute
- MRI from Diagnostic Radiology dated October 20, 1994
- EMG/NCV study performed on July 21, 2003 by Dr. M, M.D.
- Medical records from Gulf Coast Orthopedic and Spine Associates, specifically Dr. G, M.D. dated November 10, 1999

#### CLINICAL HISTORY

\_\_\_ was a 37-year-old gentleman when he injured his lower back on \_\_\_ while employed for \_\_\_ Trucking Company. His records reveal he was driving a dump truck through some rough fields when he was bouncing around and started having lower back pain. He felt a pop.

This patient had a MRI of the lumbar spine on October 20, 1994 that demonstrated disc bulging at L4/5 and L5/S1. He was treated by a chiropractor. An additional MRI of the lumbar spine ordered by Dr. G on July 12, 2000 and interpreted by Dr. L revealed a posterior central disc bulge at L4/5.

\_\_\_\_ came under the care of Dr. son N, M.D. and was treated for lumbar radiculopathy, lumbar facet syndrome, sacroiliac joint dysfunction and myofascial pain syndrome.

Dr. E, M.D. notes that when he saw the patient in May of 2004, the patient was 46 years old and had a work-related injury ten years earlier. At the time of the injury he was offered “back surgery” but decided against it due to the potential complications. It was documented the patient has undergone two lumbar epidural steroid injections three years prior that caused severe back pain. He has seen Dr. N for pain management.

A MRI dated July 12, 2000 from North Imaging was reviewed by Dr. E. It demonstrated L5/S1 desiccation with a mild disc bulge at L4/5 and L5/S1. Dr. E also notes that an EMG/NCV study on July 21, 2003 demonstrated bilateral S1 radiculopathy. His examination demonstrated weakness in the left EHL and tibialis anterior.

A letter dated October 7, 2004 by Dr. E reveals the patient was recently seen and the doctor reiterates the fact that the patients’ EMG/NCV study confirms S1 radiculopathy. The patient has radicular symptoms down the left leg. He had a positive straight leg raise on the left and continues to have low back pain with muscle weakness in the left tibialis anterior and extensor hallus longus. He recommends a repeat MRI.

#### REQUESTED SERVICE

A repeat MRI is requested for this patient.

#### DECISION

The reviewer disagrees with the prior adverse determination.

#### BASIS FOR THE DECISION

Based on the medical records provided, the reviewer concurs with Dr. E that \_\_\_\_ would benefit from a repeat lumbar MRI. This decision is based on the fact that Dr. E documents the patient has left leg pain, weakness in his tibialis anterior and extensor hallus longus. Given his exam and history, an MRI of the lumbar spine would be beneficial and hopefully diagnostic.

Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee’s policy.

As an officer of ZRC Services, Inc, dba Ziroc, I certify that there is no known conflict between the reviewer, Ziroc and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Ziroc is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

President/CEO

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision**, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

**If disputing other prospective medical necessity (preauthorization) decisions**, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk  
P.O. Box 17787  
Austin, Texas 78744  
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

President/CEO

**I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 27th day of October, 2004.**

**Signature of Ziroc Representative:**

**Name of Ziroc Representative:**